



Attorney Docket: BC999066/1501P

# Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In Re Application of:**

Date: March 22, 2001

Ching et al

Serial No.: 09/773,047

## Group Art Unit: 2611

Filed: January 29, 2001

Examiner: Unassigned

For: METHOD AND SYSTEM FOR OBJECT RETRANSMISSION WITHOUT A  
CONTINUOUS NETWORK CONNECTION IN A DIGITAL MEDIA  
DISTRIBUTION SYSTEM **RECEIVED**

Assistant Commissioner for Patents  
Washington, D.C. 20231

JUL 19 2001

Technology Center 2600

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

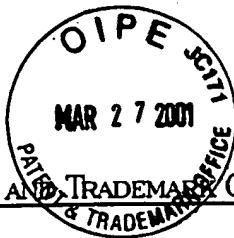
There is a typographical error in the recording of the title. The title is incorrectly recorded as...in a digital media *distributor* system... The title should read...in a digital media ***distribution*** system...

The correction is not due to any error by applicant and no fee is due.

If any unresolved issues remain, please contact Applicant's attorney at the telephone number indicated below.

Respectfully submitted,

  
Joseph A. Sawyer  
Attorney for Applicant(s)  
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IBM  
1501P  
JAT

## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/773,047	01/29/2001	2611	1140	1501P/BC999066	5	35	5

CONFIRMATION NO. 7262

MAR 16 2001

## FILING RECEIPT



\*OC000000005843767\*

SAWYER LAW GROUP LLP  
P.O. Box 51418  
Palo Alto, CA 94303

Date Mailed: 03/09/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Eric Hsiao, San Mateo, CA;  
Peter S. Lee, Calabasas, CA;  
Warren R. Vollinger, Los Angeles, CA;

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## Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 03/08/2001

Projected Publication Date: 08/01/2002

Non-Publication Request: No

Early Publication Request: No

## Title

Method and system for object retransmission without a continuous network connection in a digital media distributor system

distribution



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Bib Data Sheet

CONFIRMATION NO. 7262

SERIAL NUMBER 09/773,047	FILING DATE 01/29/2001 RULE	CLASS 348	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. 1501P/BC999066
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**APPLICANTS**

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 Eric Hsiao, San Mateo, CA;  
 Peter S. Lee, Calabasas, CA;  
 Warren R. Vollinger, Los Angeles, CA;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 03/08/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	5	35	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

Method and system for object retransmission without a continuous network connection in a digital media distribution system

FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees ( Issue )
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